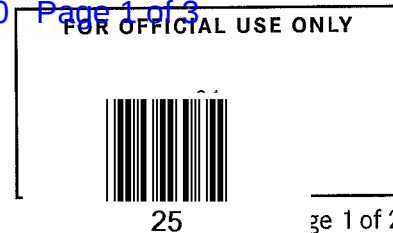


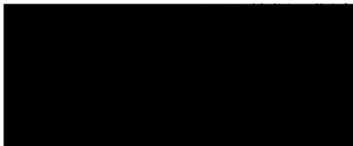
ALVAREZ V SCHNIFFER RESTAURANTS CLAIMS ADMINISTRATOR  
C/O RUST CONSULTING INC - 6398  
PO BOX 54  
MINNEAPOLIS MN 55440-0054



**IMPORTANT LEGAL MATERIALS**



ALBERTO MARTINEZ



**CLAIM FORM AND RELEASE INSTRUCTIONS**

In order to receive any portion of the settlement funds described in the Notice of Proposed Settlement ("Notice"), you must sign, date, and return this Claim Form and Release to the Settlement Claims Administrator by either Fax or Postal Mail with postmark by March 16, 2020:

Alvarez v Schnipper Restaurants Claims Administrator  
c/o Rust Consulting, Inc. - 6398  
P.O. Box 54  
Minneapolis, MN 55440-0054  
Telephone: (866) 880-0222  
Fax: (800) 547-9360

**ADDRESS AND CONTACT INFORMATION**

Name/Address Changes:

ALBERTO MARTINEZ

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



It is **your responsibility** to keep a current address on file with the Settlement Claims Administrator. Please make sure to notify Class Counsel of any change of address. Additionally, it is **your responsibility** to keep a current phone number and email address on file. Please insert such information below:

Phone number:

Social Security

Email address:





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**CLAIM FORM AND RELEASE*****THIS FORM MUST BE MAILED OR FAXED BY March 16, 2020***

I affirm that I was employed by Schnippers as a delivery employee between July 20, 2010 and December 16, 2019, and hereby wish to participate in the settlement.

I hereby designate the law firm of Lee Litigation Group, PLLC to represent me in this action.

I want to participate in the settlement and become eligible for a payment. I further agree and acknowledge that, by completing and submitting this form, I consent and agree to be bound by this settlement and by the orders of the Court regarding same.

I understand that by participating in this Settlement and submitting a Claim Form, I consent to join the FLSA collective action captioned, *Alvarez v. Schnipper Restaurants LLC*, and release Defendants from any kind of claim arising out of my employment with for unpaid wages, overtime, or any kind of claims that are related in any way to wages or overtime under the Fair Labor Standards Act and all New York and local laws, including, but not limited to, the New York Labor Law. I understand that the full list of rights I am giving up by participating in this Settlement is completely set out in Section 2.2(A) of the Settlement Agreement.

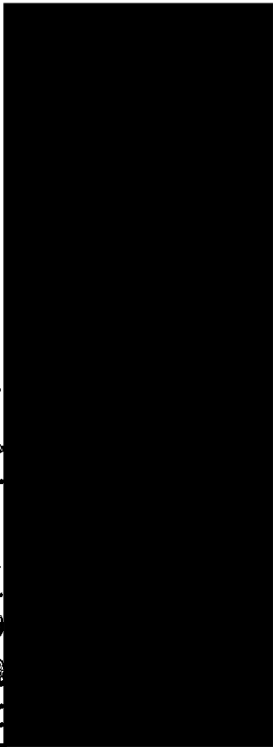
I declare under penalty of perjury that the above information is correct and agree to its terms.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

02/18/20

Alberto Martinez



19 FEB 2020 PM 9 L



Alvares V Schnipper Claims Administrator  
C/o Rust Consulting INC-6398  
P.O Box 54  
MINNEAPOLIS MN 55440-0034

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